



ron davis
autism foundation

rdautismfoundation.org

Program Scholarship
Information & Application Pack



Program Scholarship Process

Step 1:

RDAF (Ron Davis Autism Foundation, Inc) announces to the Facilitators that applications are currently being accepted, along with the date that applications will be closing: July 6.

Step 2:

OPTION A

Any Facilitator wishing to refer a client or potential client to apply, emails RDAF Administration to request for an application admin@rdautismfoundation.org.

RDAF Administrator sends the Program Scholarship Application Pack to the Applicant.

OPTION B

Alternatively, applicant downloads Program Scholarship Application Pack from the RDAF website Scholarships page: www.rdautismfoundation.org/scholarships.

Step 3:

The Applicant returns the Program Scholarship Application to RDAF Administrator on or before closing date for applications, who copies it to RDAF Chairperson, Vice President, and Treasurer - the current Scholarship Committee. **Applications close July 6.**

Step 4:

The Scholarship Committee reviews each application and creates a shortlist for the Board. Please note: It will be at the discretion of the Scholarship Committee as to whether an interview will be held to gain further information to supplement the written application.

Step 5:

The Scholarship Committee will send anonymous copies of the application to each of the Board members.

Step 6:

The Board votes to award the scholarship (including value awarded), or not, at their meeting. Please note that the scholarship amount may or may not cover the full cost of the program.

Step 7:

The Scholarship Administrator emails each Applicant **by August 5**, copying the Board Chairperson, Vice President, Treasurer, and Scholarship committee, notifying them of the Board's decision. Accepted Applicants have **14 days to confirm acceptance**.

Step 8:

The Accepted Applicant emails the Scholarship Administrator advising if they accept or not. The Administrator will advise the Facilitator, the Board Chairperson, Vice President, Treasurer, and Scholarship committee.

Step 9:

The Accepted Applicant has 14 days to register for a program and develops a schedule for program completion with the facilitator, with a program start date no longer than 3 months from scholarship confirmation and a program finish date no longer than 12 months from scholarship confirmation. The Accepted Applicant needs to inform the RDAF Administrator promptly once the program dates are confirmed.

Step 10:

The Facilitator invoices RDAF for the scholarship amount, to the attention of the Treasurer, jackie@rdautismfoundation.org with a copy to the RDAF Administrator, admin@rdautismfoundation.org. The scholarship amount is transferred to the facilitator within 7 business days of receipt of invoice.

Please note: if the program is cancelled, the scholarship amount must be returned by the Facilitator to RDAF in full.

Step 11:

Within 7 business days of program completion (as notified by facilitator), RDAF Administrator contacts the Applicant to request their written report.

Step 12:

The written report will be sent to the Scholarship Committee for review. A short summary is prepared for the Board to review at the next Board Meeting. Names of scholarship awardees would remain anonymous.

NOTES:

- Please note that the scholarship amount may or may not cover the full cost of the program.
- If the acceptance is not received within 14 business days, or if the program does not commence within agreed timeframe, RDAF will withdraw the funding. The applicant can re-apply as and when a subsequent application round is announced.
- Interviews will take place virtually eg Skype, Zoom, phone.
- RDAF is not responsible for the provision of the Davis Program. That responsibility lies with the Facilitator under the conditions of their sub-license agreement with RDAF.
- Email is a preferred method of communication (rather than texting) to ensure accountability.



Program Scholarship Application

I. APPLICANT INFORMATION (Please fill out on computer or in printed capital letters)

APPLICANT NAME	SURNAME	
	OTHER NAMES	

ADDRESS			
CITY		STATE	
COUNTRY		POSTAL CODE	

CONTACT NUMBER	COUNTRY CODE			PHONE NUMBER	
EMAIL					

Previous experience of Davis methods		I have read Autism and the Seeds of Change
		I have attended a Davis Autism or Concepts for Life workshop previously – please state which workshop:
		I have completed a Davis Autism or Concepts for Life Program – please state which program:
		Other – please state:

II. SCHOLARSHIP INFORMATION

If there is not enough space provided, please continue on a separate sheet of paper.

Who is the program scholarship for?

Myself

My child / family member

Other. Please state:

Which program do you wish to apply for a scholarship for?

Davis Autism Approach Program OR Davis Concepts for Life Program

Davis Stepping Stones Program

Davis Stepping Stones 2 Program

Have you met with a Davis Autism Approach Facilitator and determined that the person stated above is a candidate for the above program?

Yes

No

Please state your Facilitator's name and email address.

Why are you seeking scholarship assistance for a program?

Why would you be a suitable recipient for a program scholarship?

Briefly describe your experience of/with autism.

Why do you wish to access a Davis Autism Approach program?

What particularly attracts you to the Davis Autism Approach?

What do you hope will be gained from the program?

How much time are you able to commit to follow-up at home during the program?

Is there any additional information you would like to share?

III. FINANCIAL NEED STATEMENT

CURRENCY	
Household income	Single Income Dual Income
Total number of family dependents	

INCOME INFORMATION	ANNUAL AMOUNT
Your annual income	
Dual annual income	
Additional untaxed income Including child support, government support, alimony	
Estimated assets Including savings, stocks, property, vehicles	
Other financial aid you receive Including grants, loans, scholarship	
TOTAL INCOME	

EXPENSE INFORMATION	ANNUAL AMOUNT
Housing	
Utilities	
Food	
Property taxes	
Insurance	
Medical Expenses	
Transportation	
Debt repayments	
Any other expenses	
TOTAL EXPENSES	

Any other information regarding income or expense you would like to provide for further consideration

Please include with this application, copies of the most current government tax filings for two years with your tax identification number(s) removed or blacked out.

PROGRAM SCHOLARSHIP CONDITIONS

By signing below, I agree to the following:

1. If I am awarded a Program Scholarship, I will complete a written report provided by Ron Davis Autism Foundation, Inc. regarding how scholarship was used and how they benefitted.
2. Board of Ron Davis Autism Foundation, its directors, officers, employees and volunteers do not accept any liability and I hold the foundation harmless for any wrongful act.
3. If I am awarded a Program Scholarship, I will agree to, and sign a Media Consent and Release Form (see Appendix A)

Signature	
Date	

DECLARATION

By signing below, I confirm that all of the information in this application is true and accurate, and without financial assistance, I would not be able to complete a Davis Autism Approach Program.

Signature	
Date	

OFFICE USE ONLY

ID Number		Date reviewed	
Approved/ Rejected		Reason	
Date Applicant notified		Approved/ Rejected by Applicant	

APPENDIX A

MEDIA CONSENT AND RELEASE FORM

1. I grant to Ron Davis Autism Foundation, Inc. (RDAF) and company's assigns, licensees and successors, the right to use my testimonial comments / image / video footage / sound recording of me / my child for the following purposes:

Publication as in print media advertising; and/or publication on the RDAF website at www.rdautismfoundation.org; and/or publication on all RDAF social media platforms, in connection with promotion of the RDAF and fundraising campaigns.

I grant the right to use my testimonial comments, image, video footage or sound recording for the purpose listed above in all forms and media, including composite or modified representations, and waive the right to inspect or approve versions of my testimonial comments, image, video footage or sound recording used for publication or the written copy that may be used in connection with the images.

2. I grant RDAF the right to use my full name for the purpose listed above, and waive the right to inspect or approve versions used for publication:
 - o yes
 - o no – I would like my first name only to be used (please print/type the name you would like to be published)

I release Ron Davis Autism Foundation, Inc. (Company) and company's assigns, licensees and successors from any claims that may arise regarding the use of my testimonial or image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. Company is permitted, although not obligated, to include my first name only as a credit in connection to the image, testimonial comments, video or audio recording.



RDAF Program Scholarship Recipient Report form

*To be completed and submitted to RDAF admin@rdautismfoundation.org
within 7 calendar days upon completion of the program.*

If there is not enough space provided, please continue on a separate sheet of paper.

What was your Scholarship used for?

(e.g. Completion of a Davis Autism Approach program with XX)

What did you hope would be gained from the program?

What did you (or the program recipient) gain from the program?

What has changed for you (or the program recipient) as a result of completing the program?

How do you feel about the changes you (or the program recipient) have experienced?

What did you (or the program recipient) find most helpful in the program?

Would you recommend this program to others?

Please write a short testimonial of the program.

If you are willing, please provide an image along with this report.

I am willing to provide a video testimonial:

Yes

No